



Changing attitudes in Adult social care for the older LGBTQ+ Community

Guidance factsheet for Care staff

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1. Introduction

Today, understanding and responding to the needs of LGBTQ+ (Lesbian, Gay, Bisexual, Transgender and Queer +) people is no longer a case of good practice. It is an essential requirement for organisations providing services, whether in the private, public or voluntary sectors. New legal protections and changes in society mean that LGBTQ+ people are more



visible in all walks of life and are more likely to expect treatment that is relevant and does not discriminate or exclude.

Evidence shows that older LGBTQ+ people have an increased likelihood of living alone and an increased need to be supported through older adult services.

However, there are many reasons why older LGBTQ+ people are less likely to access the services they could benefit from.

Many of the challenges which face older LGBTQ+ people in later life are the same as for many older people. However, older LGBTQ+ people are also likely to face a range of other issues which make the experience of age and ageing more complex. Research has shown that many care organisations working with older people are often unaware of the issue's older LGBTQ+ people face in later life and it is therefore important to raise awareness of these issues and to provide guidance on how these issues can be addressed.

"We still need to challenge the assumption that people are straight. Care providers should strive to make people of all sexualities feel comfortable. Older people tend to be 'desexualised' in most contexts". - Survey participant.

2. Terminology

The language we use in any field is a very powerful tool. It can be used to include or exclude others. Sometimes it can be helpful and, at others, confusing. To start off this factsheet, please get acquainted with the below terms:

Ally

A (typically) straight and/or cis person who supports members of the LGBTQ+ community.

Bi(sexual)

Bi is an umbrella term used to describe an emotional, romantic and/or sexual orientation towards more than one gender. Bi people may describe themselves using one or more of a wide variety of terms, including, but not limited to, bisexual, pan, bi-curious, queer, and other non-monosexual identities.

Gay

Refers to a man who has an emotional, romantic and/or sexual orientation towards men. Also a generic term for lesbian and gay sexuality - some women define themselves as gay rather than lesbian.

**Lesbian**

Refers to a woman who has an emotional, romantic and/or sexual orientation towards women.

LGBTQ+

These initials and the plus sign refer to anyone who identifies within the wide spectrum of sexual and gender minorities and while various

organisations use different initials we hope this choice resonates with our communities.

LGBTQ+ affirming

We believe that our services and support should not only be “LGBTQ+-friendly” but genuinely affirming of the lives, histories, needs and desires of LGBTQ+ people. The term does not imply the exclusion of those who do not identify as LGBTQ+ but actively values those who respect and celebrate LGBTQ+ people.

Non-binary

An umbrella term for people whose gender identity doesn't sit comfortably with 'man' or 'woman'. Non-binary identities are varied and can include people who identify with some aspects of binary identities, while others reject them entirely.

Pan(sexual)

Refers to a person whose emotional, romantic and/or sexual attraction towards others is not limited by sex or gender.

3. Barriers

Many older LGBTQ+ people have faced unique challenges throughout their lives relating to homophobia and transphobic attitudes (see terminology for definitions) which can lead to many further complications and anxieties in later life. It is important to be aware of these difficult challenges and understand what can be done within an organisation to provide appropriate support.

“We don't have any of them around here”. Contrary to this often-heard statement, all providers of services will have customers (and workers) who are lesbian, gay, bisexual and transgender.



Here are some powerful statistics which challenge the common perceptions about the number of LGBTQ+ people in the population:

- Government estimates give the numbers of LGB people as being 5% to 7% of the general population. Using these figures, we can estimate that every fifteenth potential user of a service for older people is lesbian, gay or bisexual.
- In the case of trans people the latest estimate is a prevalence of 1,000 per 100,000 or 1%.

Factors contributing to the feelings of isolation varied, but included living alone, anxiety about being judged and fears about disclosing their sexual orientation that have led to reluctance in engaging in group activities or with services. Barriers to Engagement – Dundee University 2013

LGBTQ+ stereotypes are conventional opinions, or images based on sexual orientation or gender identities of LGBTQ+ people. The idea that all LGBTQ+ people look and behave in a certain way based on those things we read about, the things we see and hear in our social groups, on social media and mass media (TV, newspapers etc).

Negative stereotypes are often associated with homophobia, biphobia or transphobia. Positive stereotypes, also exist but we very rarely see these in media portrayal of LGBTQ+ people and particularly the older LGBTQ+ community.

Why does it matter?

There are many issues LGBTQ+ people face within their daily lives which mainly revolve around homophobic, biphobic and transphobic (see terminology document for definition) views within society, but there are further issues that older LGBTQ+ people experience as a result of the environment they have lived within over the years.

There are many issues LGBTQ+ people face within their daily lives which mainly revolve around homophobic, biphobic and transphobic (see terminology document for definition) views within society, but there are further issues that older LGBTQ+ people experience as a result of the environment they have lived within over the years.



- General support from friends or family can be minimal within the older LGBTQ+ community and many of them don't have anybody to turn to for support at all. A lot of older LGBTQ+ people don't have any children of their own but if they have, they may not be in contact or on good terms with them due to issues surrounding their sexuality or gender identity.
- 80% of older LGBTQ+ people will age without a partner compared to 40% of the general population. 90% will not have had children compared to 20% of the general population
- Older LGBTQ+ people are likely to consume alcohol and smoke considerably more than others due to increased stress and anxieties, creating greater risks of coronary heart disease, alcohol-related illnesses and cancer
- 75% of older LGBTQ+ people live on their own in later life compared to 33% of the general older population.
- Older LGBTQ+ people are less likely to access necessary services for their health or well-being if part of the process involves disclosing their sexuality or gender identity.

Including older LGBTQ+ people means we need to support them in a specialised way to ensure they are receiving the same service as everybody else. Many have kept their sexuality or gender identity a secret throughout most or even all of their lives, so they may not wish to discuss or let this be known if it can be avoided. To be approachable in these situations, be mindful of their privacy and confidence in 'coming out' to you if this becomes necessary and make sure confidentiality is assured. In a Stonewall survey, 73% of older LGB people said they wouldn't feel comfortable disclosing their sexual orientation to care staff. Some people may have never come out, some may have always been out and some people may be out to some and not others. Homo/trans/ bi phobia and harassment, not only from workers but other residents, are all too familiar to older LGBTQ+ people.

4. Families of Choice



Look at these pictures – they all represent different types of family. Families of choice are significant for those LGBTQ+ people who may have no connection with blood family.

What is a family of choice?

Family of choice refers to the group of people in an individual's life that satisfies the typical role of family as a support system. This terminology stems from the fact that many LGBTQ+ individuals, upon coming out, face rejection or shame from the families they were raised in.

The coming out process is not a 'one off' event and often an LGBTQ+ person makes the decision to tell or not on a daily basis - whether it's the bank, the GP or any number of other organisations or people we come into contact with, we are continually risk assessing who we tell. Often the language used to mask our sexual orientation may not be familiar to organisations i.e. describing a partner as 'they' rather than 'she/he' when you don't want people to know that you have a same sex partner.



Referring to a contact person rather than ‘next of kin’ (next of kin being a legal concept in inheritance matters) suggests that your contact person is not necessarily a blood relation. Asking about partners, not husbands and wives, including civil partnership in relationship status - all of these things can help to provide a perception of a safe inclusive environment.

Often concepts of family for LGBTQ+ people differ from those that we see reflected in society and may include ex-partners and friends as extended or chosen family. This is relevant when families of origin may have rejected people and relationships may be strained and distant.

Without legal safeguards, families of choice may struggle when medical, educational or governmental institutions fail to legally or socially recognise their legitimacy.

*“I might not have any blood family but without my chosen family I wouldn’t have survived” -
Survey participant*

5. Assumptions



We could make lots of assumptions about age, gender, economic status and lots of other things that we think we might know from these pictures. The truth is these pictures don’t tell us anything about the people in them. All we can be certain of is that they are wearing clothes and are sitting down.

We make assumptions based on what we think we know, what we hear, our own lived experience and what we see – but these are often wrong and can lead us into making mistakes about situations and people.

The two people in these pictures are both transgender women. Ruth (on the right) is one of the oldest people to have gender reassignment surgery via the NHS (in her late 70’s) and is



now 88, involved in lots of voluntary work including leading a daily early morning sea swimming group where she lives.

Joanne (on the left) is 90 and also transitioned later in life 14 years after her wife had died – she says, “If you want to know what a ninety-year-old thinks of life and what keeps her going, it’s fun and happiness.”

Does it change how you see them now you know something about them?

Do our opinions of people change if we know things about them?

“It’s difficult to be open with support workers when they make an assumption that I am straight and ‘might want to find a boyfriend’... it leads to a withdrawn relationship which holds you back” – Survey participant

6. Creating Safe spaces

Many older individuals who identify as being LGBTQ+ have experienced the feeling of being judged and have lived with the fear of painful repercussions if others discovered their sexual orientation. This has created discomfort and reluctance around disclosing or coming out. Barriers to Engagement – Dundee University 2013

Providing safe spaces for LGBTQ+ people in care settings means that those people may feel more comfortable ‘coming out’ to their care providers. Signs and indicators that an organisation has respected and acknowledged identities is often the way LGBTQ+ people establish whether a service is trusted; For LGBTQ+ people trusting the service that they use is a significant factor in their use of services.

People might assume that because we use the word “sexuality” it’s about physical intimacy. But being LGBTQ+ is not just a sexual preference but it is about building lifelong relationships too. Older LGBTQ+ people will have lived lives just like every other older person, had jobs, been part of a family, been married or in lifetime relationships but may not feel able to disclose any of this as it would mean disclosing their sexual orientation or gender identity.

Some people, including housing and care providers, may assume that prejudice and discrimination have disappeared with the introduction of the Equality Act and other legislation. But experience teaches us that this is not the case.

Although the situation may have improved, many of the older LGBTQ+ generation have experienced a lifetime of discrimination, fear and isolation. It’s important that we create spaces for older LGBTQ+ people to be their authentic selves.

Think about what your organisation could do to signify it is a safe space? Here are some ideas:

- Rainbow badges for the staff

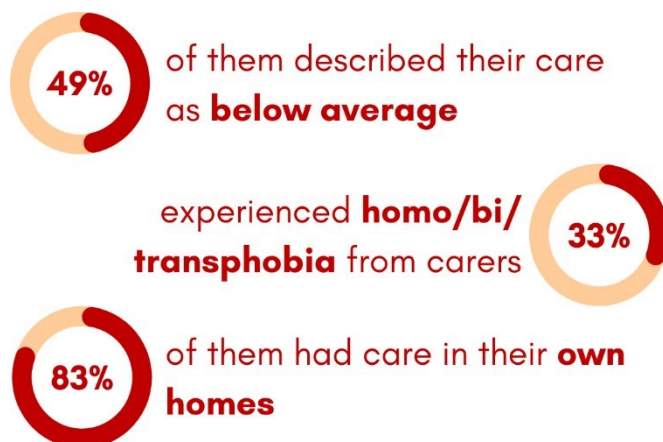


- Posters and pictures that show different types of families
- Linking with local LGBTQ+ groups
- Celebrating LGBTQ+ history month
- Have a LGBTQ+ champion

7. Birmingham Survey Results

Due to covid restrictions we were unable to carry out focus groups as we had intended. We decided to send out a survey for people to complete – 27 people completed the research. Respondents came from a range of sexual orientation/gender identities and the majority of respondents were over the age of 50.

We asked a number of questions about whether they had received care and how their experiences of care had been. Of the people who responded to the question about care and how that care had been 49% of them described their care as below average, 33% experienced homo/bi/trans phobia from carers. 83% of them had care in their own homes.



We also asked respondents whether it was important that people knew and had asked about their sexual orientation or gender identity. 64% of respondents say it's important that people providing care know about sexual orientation/gender identity. 34% said they weren't sure if it was important and 2% said no it wasn't important.

We went on to ask people if they had to have care in the future where they would like that care to happen. 69% of people said in their own homes, 57% in LGBTQ+ inclusive but not exclusive care setting and 35% in LGBTQ+ specific care setting.



At the end of the survey we asked people what they thought commissioners should know about older LGBTQ+ people and these were some of the responses:

said it's **important carers know** their sexual orientation/gender identity **64%**

57% would want **LGBTQ+ inclusive but not exclusive** care in the future

would want to be in a **LGBTQ+ specific** care setting in the future **35%**

- That we aren't all the same.
- Respect our sexual orientation and gender identity – they matter.
- Use the correct language when you talk about us.
- Understand my family might look different than heterosexual/cis families.

8. What can you commit to today?

“Listening to the voices of older LGBTQ+ people and ensuring their care arrangements reflect the way they view themselves may prove transformative for the individual and the working culture that seeks to support them.”

Is there something that you can commit to today that might change the future for an LGBTQ+ person in your care? It could be something as small as not presuming everyone is heterosexual or identifies with the gender of their biological sex. Or it might be about thinking about the language and the assumptions that we all make and changing some of the ways in which we respond.

“When I was assessed for care I said I was a lesbian and that my home reflected this. Was told we treat all people the same. Had various carers one of whom refused to help me into the bath on a board and didn't want to come into the room. She said she was a Christian” - Survey participant.

Case Study



A&C identify as gay men and have been together for nearly 40 years. They had been looked after by domiciliary care over the last five years in their own home. Deteriorating health meant that both of them had to be admitted to a care home. The care agency that had been working with them supported them over the move to the care home. However, they weren't party to the arrangements inside the care home.

Three weeks after moving in, one of the domiciliary carers went to visit them and discovered that they were in separate rooms. The carer made an appointment to see the manager and asked the manager to explain why they were in separate rooms and not in a double room. The care manager said that it was policy to place couples who were married together but everyone else had single rooms. The implication being that only men/women count as married couples.

The carer argued that the couple had been together for 33 years and separating them would have an impact on their health and well-being. The care manager insisted that it was policy and he was unable to do anything about it. The care agency took the case to the company that owned the care home and eventually they agreed to move the men into a double room.

The whole process took three months during which time the men's health and well-being was impacted by not being in the same space.

- **What would you have done differently if you were the home's manager?**
- **Do you think LGBTQ+ couples are entitled to the same treatment as heterosexual/cisgendered couples?**
- **What would you have done if you were caring for them?**

9. Useful links

BLGBT www.blgbt.org

Birmingham LGBT provide LGBTQ+ services in and around Birmingham at the LGBT centre, as well as other specialist LGBTQ+ services.

Stonewall Housing www.stonewallhousing.org

Stonewall Housing is a specialist LGBTQ+ housing advice and support provider in England. They provide housing support for LGBTQ+ people in their own homes, supported housing for young LGBTQ+ people, free and confidential housing advice for LGBTQ+ people of all ages, and LGBTQ+ awareness training with an emphasis on housing related issues and older LGBTQ+ people.

Tonic Housing www.tonichousing.org.uk



Non-profit organisation focused on creating inclusive LGBT+ affirming retirement communities.

Stonewall www.stonewall.org.uk

LGBT lobbying organisation who campaign for LGBT rights. Has projects such as the Workplace Diversity Index for employers.